

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 01/15/01.
 - b. The request was received on 01/10/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Confirmation copy of provider's MDR fax to carrier dated 01/21/02 at 17:10
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/17/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/18/02. The response from the insurance carrier was received in the Division on 07/10/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 01/02/02:

"I received a partial payment of \$160.00....The Payment [sic] calculates out to 4 units.... We calculated this to 10 total units...Even receiving the payment of time only, we were also shorted on our payment. The carrier calculates the time as 4 units and the actual time was 5 units...we are requesting payment for our professional services According [sic] to the MAR\$ and applicable interest, as documented in the guidelines."

2. Respondent: Letter dated 07/10/02:
“I have received a copy of your MR-100 regarding the above-captioned medical dispute. Please be advised that (Carrier) has not received a TWCC-60 medical dispute from the Requestor.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/15/01.
2. Per the provider’s TWCC-60, the amount billed is \$750.00; the amount paid is \$160.00; the amount in dispute is \$240.00.
3. The carrier denied the billed services by code, “F – Reduced According to Fee Guideline” with no further explanation as to how the provider failed to meet the ground rules.
4. The provider correctly billed the services in accordance with MFG Anesthesia Ground Rules (I) (A) (B) (C). Therefore, reimbursement of \$240.00 is recommended.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$240.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of September, 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm